

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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OUIDA KING,

08 CV 03143

Plaintiff,

-against-

**DEFENDANT'S DEMAND FOR  
INTERROGATORIES**

DEPARTMENT OF CORRECTIONAL  
SERVICES COMMISSIONER GLENN  
GOORDE, DEPARTMENT OF  
CORRECTIONAL SERVICES  
COMMISSIONER BRIAN FISHER,  
DEPARTMENT OF CORRECTIONAL  
SERVICES CHIEF MEDICAL OFFICER  
LESTER N. WRIGHT, SUPERINTENDENT OF  
BEACON, GAIL S. THOMAS,  
SUPERINTENDENT OF BEDFORD HILLS,  
ADA PEREZ, DR. JONATHAN HOLDER, DR.  
JACQUELINE DUNBAR, NURSE BARBARA  
FERCO, "JOHN DOE" MEDICAL  
PROVIDERS #1-5 AT BEACON, "JOHN DOE"  
MEDICAL PROVIDERS #1-5 AT BEDFORD  
HILLS, PUTNAM HOSPITAL CENTER, GAIL  
MURPHY, RPA-C, "JOHN DOE" #1-5 AT  
PUTNAM HOSPITAL,

Defendants.  
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***PLEASE TAKE NOTICE***, that pursuant to Fed R. CIV P. 26, 33, 24, and Local Rule 49 IV, you are hereby required within thirty (30) days to respond under oath to the following written interrogatories. In the event of your failure to comply with this Demand for Interrogatories within that time, a motion will be made for an Order precluding you from offering any evidence concerning the items below:

1. State the date and place of birth of the plaintiff(s) and the residence address of the plaintiff(s) at the time this action was commenced.

**Answer:**

2. Set forth a general statement of each and every act or omission which you will claim as the basis of the alleged malpractice of each answering defendant, as well as the specific dates thereof.

**Answer:**

3. State the condition or conditions which it is claimed the defendant undertook to treat.

**Answer:**

4. State the dates and approximate times of day of the alleged negligent acts and/or omissions which will be claimed against the answering defendant(s) herein.

**Answer:**

5. State the exact location of the alleged negligent acts and/or omissions charged against the answering defendant herein and dates thereof.

**Answer:**

6. If loss of services, society, companionship and consortium is claimed, specifically set forth the nature, extent and duration of each claimed loss.

**Answer:**

7. If it is claimed that the defendant failed to perform their professional duties in accordance with any manuals, rules and regulations, laws and ordinances, set forth the specific manuals, rules and regulations, laws and ordinances claimed to have been violated.

**Answer:**

8. Set forth a list of each and every injury claimed to have been caused by the defendant's malpractice or other wrongdoing and specify the dates upon which each alleged act

of malpractice is claimed to have occurred.

**Answer:**

9. Set forth each and every injury which the plaintiff alleges will be permanent and specify the character, degree and cause of the permanency.

**Answer:**

10. Set forth the hospitalizations claimed to have been caused by the defendant's malpractice or wrongdoing, giving names and addresses for the hospitals and the dates of confinements or treatments, if any.

**Answer:**

11. Set forth the length of time confined to:

- (a) bed and house;
- (b) house.

**Answer:**

12. Set forth:

- (a) the occupation of the plaintiff
- (b) The length of time it will be claimed the plaintiff was incapacitated from employment, and the amount of income claimed to have been lost.
- (c) the last date on which plaintiff actually worked prior to the time of the alleged malpractice, negligence or other wrongdoing.
- (d) the annual and weekly earnings of the plaintiff as of the dates set forth in (b) above.
- (e) the name and address of the plaintiff's employer on the dates set forth in

(b) above.

- (f) Any and all other usual functions plaintiff was incapacitated from performing, and nature, extent and duration of incapacity.

**Answer:**

13. Set forth all special damages claimed, including the names and addresses of the payees for:

- (a) Hospitals;
- (b) physicians (please itemize separately, giving names and addresses of each physician);
- (c) nurses;
- (d) medical supplies and appliances;
- (e) loss of earnings;
- (f) any other special damages claimed.

**Answer:**

14. Set forth the names and addresses of persons other than those listed in "13" above who rendered service to the plaintiff and identify the service furnished and the sum and the bills to date.

**Answer:**

15. For each and every item claimed special damages, itemize those damages for which you have been indemnified in whole or in part from any collateral source such as insurance, social security (except those benefits provided under title XVIII of the Social Security Act) Workers' Compensation or employee benefit programs, except such collateral source

entitled by law to liens against any recovery of plaintiff by whom.

**Answer:**

16. Set forth the alleged negligence of all other defendant or in the alternative furnish a copy of the response to Demand for Interrogatories supplied by Plaintiff to said defendant.

**Answer:**

17. Set forth plaintiff's Social Security Number.

**Answer:**

Dated: May 9, 2008  
White Plains, New York

Yours, etc.

RENDE, RYAN & DOWNES, LLP

By: 

ROBERT D. RYAN (RDR-0886)

Attorneys for Defendant

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